

Exhibit 16-2

LOCCS Rental Rehabilitation Program      Date: 11/29/88  
Query Sub-Menu      Time: 14:23:58

Grant/Subgrant __ Selections __	Project __ Selections __	Voucher __ Selections __
A) Grant/Grantee Summary History	H) Summary	L) Project
B) Grantee/Project Summary Voucher	I) Completion	N) Individual
C) State Grantee Summary	J) Tenant Char	O) Admin History
D) Grantee Status of Funds	K) Funding History	
F) Grantee Admin/Banking Info		

1) Generate Grant Year Close Out Letter

R - RAD Workload Query  
Q - LOCCS Query Menu  
M - Previous Menu  
E - Exit/Sign-Off

Please Enter Menu Selection: \_

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Exhibit 16-3

Region: (LOCCS) Rental Rehabilitation Program      Date: 11/29/88  
Office: Generate Close Out Report      Time: 14:24:54

SAMPLE

S=Same Screen E=Exit M=Prev Menu      Enter Grant:      Enter Option: \_\_  
Xmit: \_\_

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Exhibit 16-4

SAMPLE

Region: 01      (LOCCS) Rental Rehabilitation Program      Date: 11/29/88  
Office: 06      Generate Close Out Report      Time: 14:29:35

Grant Year: R85-MC-25-0215      Name: CITY OF BROOKLINE  
Address: 333 WASHINGTON STREET  
City : BROOKLINE      State: MA      Zip: 02146-0000

Initial Obligation : 76,000.00  
Reallocation(s)/Deobligation(s) : -33,950.00

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Total FY 85 Grant: 42,050.00  
Project Disbursements: 42,050.00

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FY 85 Balance: 0.00  
Enter option:

X=Cancel Xmit:  
Press "Xmit" to generate letter or "X" to cancel

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16-5 Exhibit  
A67R3CA Page 1  
CLOSE OUT REPORT DATE: 11/22/88  
DEKALB COUNTY U.S. DEPARTMENT OF HOUSING  
AND COURT HOUSE SQUARE URBAN DEVELOPMENT  
DECATUR GA 30030-0000 OFFICE OF COMMUNITY PLANNING  
AND DEVELOPMENT  
RENTAL REHABILITATION PROGRAM  
CASH AND MANAGEMENT INFORMATION (C/MI) SYSTEM  
GRANTEE OR 1. NAME 2. GRANT  
NUMBER  
LOCAL RECIPIENT

DEKALB COUNTY R84-UC-13-  
0207

INITIAL OBLIGATION  
\$221,000.00  
REALLOCATION(S)/DEOBLIGATION(S)  
+0.00  
TOTAL FY 84 GRANT  
\$221,000.00  
DISBURSEMENTS - PROJECT COSTS  
221,000.00

FY 84 BALANCE

0.00

GRANTEE: DEKALB COUNTY

DATE: \_\_\_\_\_  
NAME/TITLE OF AUTHORIZED PROGRAM OFFICIAL

THE GRANTEE SHALL SEND THIS ORIGINAL TO THE FIELD OFFICE FOR FINAL APPROVAL.

FIELD OFFICE: \_\_\_\_\_

DATE: \_\_\_\_\_  
FIELD OFFICE MANAGER OR DESIGNEE

THE FIELD OFFICE SHALL RETAIN THE ORIGINAL AND SEND COPIES OF THE  
1)  
CLOSE OUT REPORT, 2) THE GRANTEE LETTER OF CERTIFICATION, AND 3) THE  
FIELD  
OFFICE GRANT CLOSE OUT APPROVAL LETTER TO THEIR REGIONAL ACCOUNTING  
DIVISION, THEIR REGIONAL DIRECTOR FOR COMMUNITY PLANNING AND  
DEVELOPMENT,  
AND TO HEADQUARTERS TO THE ATTENTION OF THE REHABILITATION MANAGEMENT  
DIVISION, CPD OFFICE OF URBAN REHABILITATION, 451 7TH STREET S.W.,  
WASHINGTON, DC, 20410.

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Exhibit 16-5  
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A67R3CA US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
CLOSE OUT REPORT RENTAL REHABILITATION PROGRAM

GRANTEE NO: R84-UC-13-0207

REGION: 04

NAME: DEKALB COUNTY

OFFICE: 06

\* = MULTIYEAR PROJECT

PROJECT #	ADDRESS	DISBURSED	DATE
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*0005-000001	DON JUAN DUPLEXES 41 CLAIRVIEW	221,000.00	
04/13/87	CHAMBLEE		

TOTAL	221,000.00
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